

# Animal Bite Reporting Form

To be completed by clinician

County \_\_\_\_\_

initial report date \_\_\_/\_\_\_/\_\_\_

animal species \_\_\_\_\_

## CASE IDENTIFICATION—PERSON BITTEN

Name \_\_\_\_\_  
Last, first, initials \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_  
Indicate home (H); work (W); message (M)

Address \_\_\_\_\_  
Street City County Zip

SEX: M F

Hispanic: Yes No

RACE:

- White  American Indian  
 Black  Asian/Pacific Islander  
 unknown  refused to answer  
 other

### ALTERNATIVE CONTACT

Parent  Spouse  Household member  Friend \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Street City County Zip

## Sources of report (check all that apply)

- Vet  Citizen  
 Physician  \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_  am  
(first report)  pm

Victim's MD \_\_\_\_\_  
(if different)

Phone \_\_\_\_\_

## MEDICAL TREATMENT PROVIDED FOR VICTIM

- wound cleaned with soap and water  
 disinfectant applied  
 medical attention required  
 tetanus immunization status checked  
 victim cautioned about risk of infection  
 antibiotic prophylaxis (NB: not always indicated)

## POST-EXPOSURE RABIES PROPHYLAXIS

Recommended by H.D.?  yes  no

Given to victim?  yes  no  
 unknown

## BITE OR OTHER EXPOSURE

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_ am pm Circle: Provoked or Unprovoked

Describe location and nature of injuries \_\_\_\_\_

Describe circumstances \_\_\_\_\_

- victim's household pet  
 acquaintance's pet  
 stranger's pet  
 stray  
 wild  
 unknown

## ANIMAL DETAILS- If bat involved, please call Health Department Disease Reporting Line ASAP: (541)322-7418

Description of animal (age, sex, breed, relevant history) \_\_\_\_\_

Owner \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

## RABIES IMMUNIZATION HISTORY

- unknown  
 unvaccinated  
 vaccinated; current  
 vaccinated; not current  
last shot given \_\_\_/\_\_\_/\_\_\_  
manufacturer \_\_\_\_\_

## CLINICAN MUST CONTACT ANIMAL CONTROL AND FAX FORM TO HEALTH DEPARTMENT

ANIMAL CONTROL PHONE: (541) 693-6911  YES Animal Control Contacted  NO Victim refused to allow you to call

Deschutes County Health Department Communicable Disease Reporting Fax: (541) 322-7618

## HEALTH DEPARTMENT STAFF TO COMPLETE BELOW

Date case report sent to OHA: \_\_\_/\_\_\_/\_\_\_ Plan for animal: \_\_\_\_\_ Lab results: \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_ Investigation sent to OHA on: \_\_\_/\_\_\_/\_\_\_